DED.	IIDDU	UKI	יוט יוט	V 13	HEALTH AND WELFARE 042						-6	2-01	<u>42.</u>	<u>55 </u>		
DO NOT WRITE		AMENDED			Registration District NoPrimary Registration District NoRegistrar's No436 STATE FILE NUMBER											
ON THIS STUB				=	FLACE OF DEATH APR 2 3 1962		<u> </u>		2. USUAL RESIDENC	CE (Where dece	sed lived.	If institution	: Reside	nce before		
VS 300	8				a. COUNTY Buchanan				a. STATEMISSO	ouri 6. cou	UNTYJac	kson	ad	mission)		
Rev. 4/59	AMENDED				b. CITY (If outside corporate limits, give TOWNS) OR TOWN St. Joseph	IIP only)	Length of s		c. CITY OR YOUR Great	in Valley	7			ide Limits X No □		
15117				_	C FILL NAME OF Ut NOT in hospital give location	on)	Invio	le Limits	A STREET	/15	outside, give	e location)	_ 1	de on Farm		
27000	DATE			_	HOSPITAL OR St. Joseph State Hospital				ADDRESS Route #2				Yes	Yes 🗆 No 🏝		
3 2				<u> </u>	NAME OF DECEASED First (Type or print) William	Edwar	Middle	Mil]	Last ler	4. DATE OF DEATH	Month Apri			Year 1962		
5 0				-:	SEX 6. COLOR OR RACE W	7. Married Widowed	☐ Never A	Aarried 🖺	8. DATE OF BIRTH	9. AGE (last b	irthday) IF			JNDER 24 HR		
	8			-10 -10	a. USUAL OCCUPATION (Give kind of work done during man of working life, even if retired)	106. KIND OF	BUSINESS OF	R INDUSTRY		•	., .	12. CITIZEN C USA	F WHAT	COUNTRY		
7	Š C				a. FATHER'S NAME		AOTHER'S MA	IDEN NAME	1			SBAND OR WI	FE			
		<u> </u>			ohn Miller		Unk.				Unk.					
8 2	 ∢ 			1: (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes, give war or dates of se UNK •	116. S	OCIAL SECUI	RITY NO.	St. Hospita	al Pagane		dress Too em	ъ M	[O		
99047	Ä		<u>_</u>	_	18. CAUSE OF DEATH (Enter only one cause per I				20. nospica	ar necore	نان وقد		-			
10 4/5			DOCUMEN		PART I. DEATH WAS CAUSED BY:	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia							INTERVAL BETWEEN ONSET AND DEATH Unk.			
	\cap				IMMEDIATE CAUSE (a)											
1293-0	HIS REC	11	2		Conditions, if any, which gave rise to DUE TO (b) Bilateral fracture of hips Unk.											
13/-0	SIHIS	++	1		above cause (a), stating the under- lying cause last. DUE TO (c)											
i	δ			ō	PART II. OTHER SIGNIFICANT CO disease condition given in	NDITIONS CO	ONTRIBUTING	TO DEATH	H but not related to	the terminal	PART III.	If deceased there a preg		female wa last 90 day		
	SIN	1 [FICA.							<u> </u>		No	Unknow		
Z 0				CERTIFICATION	19. WAS AUTOPSY 20%. ACCIDENT SUICIDE PERFORMED?	HOMICIDE	1		ell in ward	(Enter nature of	injury in PA	ART I or PART	II of ite	m 18.)		
	Z Z				YES □ NO ■ 20c. TIME OF Hou Month, Day, Year		raul	ento Te	SII III WAIG			<u>-</u> .				
¥ g l	₹			MEDICAL	INJURY a.m. Unk.						_					
BLACK INK OR RITER RIBBON									of. CITY, TOWN, OR	LOCATION		COUNTY		STATE		
	ð					Joser			St. Josep		Bucha		Mo.			
	READ	11			21. I attended the deceased from 11-15-0 Death occurred at 10:10 AM		, to_		■OZand e date stated above, ar	last saw him all			CAUSES	stated		
USE	SHOULD		L.		Deani Occored at	ee or title}_			22b. ADDRESS					DATE SIGNE		
USE BLAC OR TYPEWRITER	SK		VITO		Moham mad T	ila	DO D		St. Hospita				4-1	7-62		
	ON N		AFFIDAV	23 F	a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)		e of cemete king C	emeter	ry l	Raytown	Miss	ouri	į:	State)		
	E				FUNERAL DIRECTOR ADDR	ESS		25. DAT	E RECD. BY LOCAL RE		TRAR'S SIGI		00			
	=		BY		The sous Hill Truman ka			y	10,1742	7710.	عارونات			·		
						(Lie	ensed Embain	ner's Statem	nent on Reverse Side)							

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Signed Agence W. Park
Student	Signed James W. Tarp
Signature of Student Embalmer	()
	Licensed Embalmer No. 4622
•	P. O. Address H. C. 1 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.